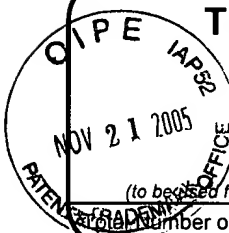
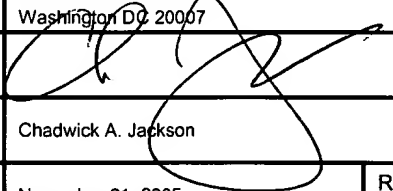


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#

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing) 	Application Number	09/699,372	
	Filing Date	October 31, 2000	
	First Named Inventor	Courtney HUDSON	
	Art Unit	3626	
	Examiner Name	Rachel L. PORTER	
Number of Pages in This Submission	15	Attorney Docket Number	25737.0002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Swidler Berlin LLP 3000 K Street, N.W. Suite 300 Washington DC 20007		
Signature			
Printed Name	Chadwick A. Jackson		
Date	November 21, 2005	Reg. No.	46,495

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           RECEIVED            NOV 21 2005            U.S. PATENT &amp; TRADEMARK OFFICE         </div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		Application Number	09/699,372
		Filing Date	October 31, 2000
		First Named Inventor	Courtney Hudson
		Examiner Name	Rachel L. Porter
		Art Unit	3626
Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	25737.0002
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 250.00			

#### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-5127(25737.0002) Deposit Account Name: Swidler Berlin LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

###### Small Entity

Fee (\$) Fee (\$)

50 25

200 100

360 180

###### Total Claims

###### Extra Claims

###### Fee(\$)

###### Fee Paid (\$)

44 -20 or HP= 5 x 50 = 250.00

HP = highest number of total claims paid for, if greater than 20.

###### Indep. Claims

###### Extra Claims

###### Fee(\$)

###### Fee Paid (\$)

4 - 3 or HP= 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

###### Multiple Dependent Claims

###### Fee (\$)

###### Fee Paid (\$)

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	=	_____

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

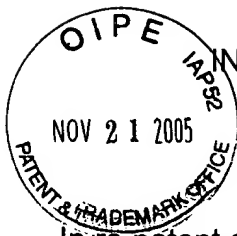
###### Fees Paid (\$)

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,495	Telephone	202-424-7500
Name (Print/Type)	Chadwick A. Jackson			Date	November 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:  
Courtney HUDSON

Serial No.: 09/699,372

Art Unit: 3626

Filed: 10/31/2000

Examiner: PORTER, Rachel L.

Title: SYSTEM AND METHOD FOR  
MATCHING PATIENTS WITH CLINICAL  
TRIALS

AMENDMENT AND REPLY

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant files this AMENDMENT AND REPLY to the Office Action mailed October 21, 2005, for the above-captioned application. The Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 19-5127, Order No. 25737.0002.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 13 of this paper.

Please amend the Application as set forth in the Amendments below.

11/23/2005 MWOLDGE1 00000011 195127 09699372

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